

Form 21. STATEMENT OF SOCIAL SECURITY NUMBER

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re)	
David J Molenkamp , Debtor)	
)	
Melissa L Molenkamp , Melissa Bockelmann)	
)	
)	
Joint Debtor)	
Address)	Case No.
438 Sunnybrook Lane)	
Wheaton, IL 60187)	Chapter 7
)	
)	
Employer's Tax Identification (EIN) No(s). [if any]:)	
)	
)	
Last four digits of Social Security No(s):: [if any])	
7728, 3668)	

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): **Molenkamp, David, J**

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social Security Number and it is : **333** - **82** - **7728**
(if more than one, state all.)

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): **Molenkamp, Melissa, L**

(Check the appropriate box and, if applicable, provide the required information.)

☒ Joint Debtor has a Social Security Number and it is : **334** - **78** - **3668**
(if more than one, state all.)

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X s/ David J Molenkamp	11/26/2008
Signature of Debtor	Date
X s/ Melissa L Molenkamp	11/26/2008
Signature of Joint Debtor	Date

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C.
§§ 152 and 3571.